

Scholarship Overview

The You First Foundation is pleased to support families who've been adversely affected by traumatic medical events by awarding scholarships to students to continue their education.

The You First Foundation is a charitable organization formed by the employees of First Service Credit Union after the loss of a coworker and beloved friend from a brain aneurysm. The foundation's mission is to improve the lives and educational opportunities of those affected by traumatic medical events.

Eligibility

This scholarship is designed to assist students, of all ages, in furthering their education. In addition to being affected by a traumatic medical event, the applicant must meet the following qualifications to be considered for the scholarship.

- Be a resident of the United States.
- Be a high school graduate or GED recipient.
- Be enrolled or plan to enroll in an accredited two or four-year college, university or vocational school within the United States. Part-time and full-time students may apply.
- Must have a 2.7 minimum GPA.
- Provide two letters of recommendation.
- Provide high school or GED transcripts.
- If applicable, provide college, university, or vocational school transcripts.

Selection Process

Applications will be accepted May 2 – June 30, 2019. All applications are reviewed by the You First Foundation Scholarship Committee. The committee is comprised of foundation board members and operates as an independent panel to identify the best candidates. All applicants will be notified of the committee's decision by July 15, 2019.

Award Disbursement

You First Foundation will award deserving students scholarships between \$1,000 and \$5,000. The scholarship is payable directly to the educational institution.

Tell Us About Yourself

Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____

State: _____ Zip _____

Telephone: _____

E-Mail: _____

Tell us About Your Educational Goals

Name of Educational Institution: _____

Address: _____

City: _____

State: _____ Zip _____

Degree/Certification: _____

Anticipated Graduation Year: _____

Contact information for individuals providing letters of recommendation

(Excluding family)

Name: _____

Telephone: _____

E-Mail: _____

Name: _____

Telephone: _____

E-Mail: _____

Tell Us More About Yourself

Describe a traumatic medical event that you or your family has experienced. *500 word minimum*

Describe how the event shaped who you are today. *300 word minimum*

Describe how you've used the event to impact your community. *300 word minimum*

Describe how furthering your education will impact your family and community. *200 word minimum*

List any extracurricular activities, leadership abilities, community service, honors, awards, and employment. *300 word minimum*

Acknowledgment

I, _____, have read and understand the conditions of the You First Foundation Scholarship and affirm the information contained herein is true and accurate. If selected to receive a scholarship, I agree to allow my information to be used in promotional materials. I hereby release all rights of ownership of the materials as may be created and release You First Foundation of any and all liabilities connected with the use of the materials.

Signature: _____ Date _____

Signature: _____ Date _____

(of parent if applicant is under age 18)

Completed scholarship packets must be postmarked by June 30, 2019.
Emailed and hand-delivered packets will not be accepted.

You First Foundation
Attn: 2019 Scholarship Committee
P.O. Box 143
Katy, TX 77492